



Oct. 27 2005 1:06PM

No. 1434 P. 2

PART B - FEE(S) TRANSMITTAL

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(571) 273-2885**or **Fax**

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26922 7590 08/26/2005

**BASF CORPORATION
ANNE GERRY SABOURIN
26701 TELEGRAPH ROAD
SOUTHFIELD, MI 48034-2442**

10/28/2005 TBESHANE 00000042 233425 10015094

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 9.00 DA

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Marjorie Ellis	(Depositor's name)
	(Signature)
10/27/2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,094	12/11/2001	Sanjay Mehra	IN-5527	6657

TITLE OF INVENTION: CLEARCOAT COMPOSITION FOR PRIMERLESS MVSS ADHESION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHEUNG, WILLIAM K	1713	524-714000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	_____
2	_____
3	_____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
BASF Corporation

(B) RESIDENCE (CITY and STATE OR COUNTRY)

**26701 Telegraph Road
Southfield, MI, 48034 USA**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies **03**

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **23-3425** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature *Anne G. Sabourin*
Typed or printed name **Anne G. Sabourin**

Date **10/27/05**
Registration No. **33,772**

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No. 1434 P. 1

PTO/SB/21 (09-04)

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TRANSMITTAL FORM	
(to be used for all correspondence after initial filing)	
Application Number	10/015,094
Filing Date	12/11/2001
First Named Inventor	SANJAY MEHTA
Art Unit	1713
Examiner Name	CHEUNG, WILLIAM K.
Attorney Docket Number	IN-5527
Total Number of Pages in This Submission	04

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any fees, which may be required or credit any overpayment to Deposit Account Number 23-3425.	
	I have enclosed a duplicate copy of this sheet.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	BASF CORPORATION	
Signature		
Printed name	ANNE GERRY SABOURIN	
Date	10/27/05	Reg. No. 33,772

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	MARJORIE ELLIS	Date 10/27/05

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